

PTO/SB/21 (09-04)

Approved for use through 07/31/2006 OMB 0651-0031  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 15

Application Number	08/863,174
Filing Date	05/10/2001
First Named Inventor	Johan Cornelis Talstra
Art Unit	2134
Examiner Name	Patr Pollak

Attorney Docket Number NL000262

### ENCLOSURES (Check all that apply)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)                                       |
| <input checked="" type="checkbox"/> Fee Attached                          | <input type="checkbox"/> Licensing-related Papers                         |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition   |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    |
| <input checked="" type="checkbox"/> Extension of Time Request             | <input type="checkbox"/> Change of Correspondence Address                 |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Terminal Disclaimer                              |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> Request for Refund                               |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> CD. Number of CD(s) _____                        |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | <input type="checkbox"/> Landscape Table on CD                            |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.63 |   |

#### Remarks

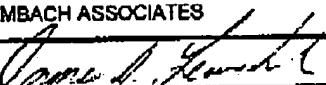
Enclosed is a response to an Office Action and a petition for a one month extension of time.

 After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter  
Other Enclosure(s) (please identify below):
**RECEIVED**  
**CENTRAL FAX CENTER**

MAY 13 2005

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name LEIMBACH ASSOCIATES

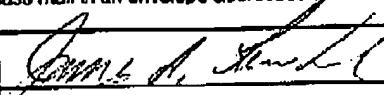
Signature 

Printed name James D. Leimbach

Date May 13, 2005 Reg. No. 34,374

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature 

Typed or printed name James D. Leimbach

Date May 13, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)  
Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(S)	120.00
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Complete If Known	
Application Number	09/863,174
Filing Date	05/10/2001
First Named Inventor	Johan Cornelis Talstra
Examiner Name	Piotr Poltorak
Art Unit	2134
Attorney Docket No.	NL000262

## METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account		Deposit Account Number: _____		Deposit Account Name: _____
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
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50	25
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Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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#### Total Claims

Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

### 4. OTHER FEE(S)

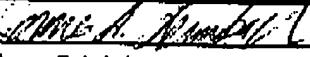
Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)
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Other (e.g., late filing surcharge): Petition for a one month extension

120
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## SUBMITTED BY

Signature		Registration No (Attorney/Agent)	34,374	Telephone (585) 381-9983
Name (Print/Type)	James D. Leimbach	Date 05/13/2005		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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